

Team Emergency Action Plan

Contact Information

Attach the medical profile for each participant and for all members of the coaching staff. The EAP should be printed two-sided, on a single sheet of paper.

Emergency phone numbers: **9-1-1 for all emergencies**

Cell phone number of coach: _____

Cell phone number of assistant coach: _____

Phone number of home facility: _____

Address of home facility: _____

Address of nearest hospital: _____

Directions to Hospital from Playing Area: _____

(or attach google map)

Charge person (1st option): _____ (coach) cell: _____

Charge person (2nd option): _____ (assistant coach) cell: _____

Charge person (3rd option): _____ (assistant/trainer) cell: _____

Call person (1st option): _____ parent, cell: _____

Call person (2nd option): _____ parent, cell: _____

Call person (3rd option): _____ parent, cell: _____